

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE &
UNIVERSAL SERVICE FUND PROGRAMS**

**HOUSEHOLD MONTHLY EXPENSES
HOUSEHOLD CLAIMING ZERO OR VERY LOW MONTHLY INCOME**

Dear _____ SS# (last 4 #) _____ Date _____

As a program funded by the Federal Government we are obligated to verify all information provided, including Household income. You have indicated on your USF/LIHEAP application that neither you nor any member of your household has any source of income at this time. Per program regulation we are permitted to ask how your household pays for the normal monthly expenses incurred. Please indicate an average or a close estimate amount of the following monthly expenses incurred by your household, indicate only what applies:

Mortgage or Rent: \$ _____ Are you in arrears? Yes or No

If Yes, How many months are you in arrears? _____ How much? \$ _____

If No, please explain how you are able to pay _____

Monthly "common household expenses":

Heating: \$ _____; Telephone: \$ _____; Natural Gas: \$ _____; Cell Phone: \$ _____

Electric: \$ _____; Cable TV: \$ _____; Car Payment: \$ _____; Car Insurance: \$ _____

Groceries: \$ _____; Other: \$ _____

If any of these bills are being paid for and are not found to be in arrears you must explain the source(s) of income used to pay for these costs.

Are you currently receiving assistance from a family member and/or friends? Yes ___ No ___

If yes, how much do they contribute monthly? \$ _____

Do you currently have a checking and/or savings account? Yes ___ No ___

If yes, please submit a copy of your most recent bank statement.

Signature: _____ **Date:** _____

I certify the information provided is true and accurate and that if I provide false information it may result in the denial of my application to receive USF or LIHEAP benefits.